

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks												
Full Name of Contributor Gregory S. Lashutka						Registration Number, if PAC						
Street Address 729 Mohawk Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206-2199		M 0 3		D 1 7		Y 0 9		Amount \$500.00
Full Name of Contributor Anthony L. Brown and Yvette McGee Brown						Registration Number, if PAC						
Street Address 643 Crossing Creek South			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 1 7		Y 0 9		Amount \$50.00
Full Name of Contributor Joseph I. Endry and Ann M. Endry						Registration Number, if PAC						
Street Address 5525 Long Cove Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Westerville		State O H		Zip Code 43082		M 0 3		D 1 7		Y 0 9		Amount \$50.00
Full Name of Contributor Joseph A. Jeffrey, Trustee						Registration Number, if PAC						
Street Address 2371 Crooked Mile Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 1 7		Y 0 9		Amount \$1,000.00
Full Name of Contributor Hamilton Parker						Registration Number, if PAC						
Street Address 1865 Leonard Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43219		M 0 3		D 1 8		Y 0 9		Amount \$300.00
Full Name of Contributor Velma Matuszewski						Registration Number, if PAC						
Street Address 4195 Schirtzinger Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Hilliard		State O H		Zip Code 43026		M 0 3		D 1 8		Y 0 9		Amount \$15.00
Full Name of Contributor S. Trevor Ferger and Pamela G. Ferger						Registration Number, if PAC						
Street Address 24 Harbour House			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Key Largo		State F L		Zip Code 33037		M 0 3		D 1 8		Y 0 9		Amount \$100.00
Full Name of Contributor Robert Lazarus, Jr.						Registration Number, if PAC						
Street Address 175 South Third Street, Suite 1010			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 1 8		Y 0 9		Amount \$100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,115.00